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Effective on 12/08/2004. rsuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$395.00

Complete if Known						
Application Number	10/625,245					
Filing Date	JUNE 22, 2003					
First Named Inventor	MIZUNO, SHUICHI					
Examiner Name	NAFF, DAVID M.					
Art Unit	1651					
Attorney Docket No.	3831.08					

METHOD OF PAYMENT (check all that apply)									
Check Credit C	ard 🔲 1	Money Order	None	Other	(please identify):	_			
Deposit Account De	ount Deposit Account Number: 16-1331 Deposit Account Name: PETERS VERNY, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or any underpayments of Credit any overpayments									
fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARC	H, AND EX	AMINATION	FEES						
	FILING F		SEARCH		EXAMINA	TION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid(\$)		
Utility	300	150	500	250	200	100	i des i diator		
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300	##W-1		
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES							Small Entity		
Fee Description					•	Fee (\$)	Fee (\$)		
Each claim over 20 (includ	_	-				50	25		
Each independent claim ov	er 3 (includ	ing Reissues				200	100		
Multiple dependent claims						360 Multiple D	180 ependent Claims		
Total Claims	Extra Claims	s <u>Fee (\$)</u>	<u> </u>	ee Paid (\$)		Fee (\$)	Fee Paid (\$)		
- 20 or HP =		_ x	625.00 =	\$0.00					
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims - 3 or HP =	Extra Claims		<u> </u>	ee Paid (\$) \$0.00					
- 3 or HP = x\$100.00 =\$0,00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Shee	• •	umber of each	additional 50 o	r fraction thereof	Fee (\$)	Fee Paid (\$)		
- 100 =	0	/ 50 _	00	_ (round up to	a whole numbe	er) x <u>\$125.00</u>	= \$0.00		
• • • • • • • • • • • • • • • • • • • •							Fee Paid (\$)		
Non-English specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): RCE \$395,00									
CLIBMITTED BY							\$395.00		

SUBMITTED BY					
Signature	Jano Velly	Registration No. (Attorney/Agent)	30,518	Telephone	(650) 324-1677
Name (Print/Type)	// 1	IANA VERNY		Date	08/06/2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.